# STATE OF MARYLAND—CERTIFICATE OF DEATH

10	6	43	per	
0	0	3	9	

1. PLACE OF DEATH		1200
County queenannes		Registration Dist. No. 253
Village or City Millington,	Md. M.F.D	m 11.
	(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurr	edyrsmos	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME CELESTE L	sney	
(a) Residence: No.	0	St., Ward.
	al place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL P		MEDICAL CERTIFICATE OF DEATH
Torundo Calanda ORDI	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	10	(Month) (Day) (Year)
(or) WIFE of MC Menley	Mey	227 HEREBY CERTIFY. That I attended deceased fr
+01	1000	(192/, to price /2 , 193)
6. DATE OF BIRTH (month, day, and year)	140 8	I last saw h w alive on ferre 4, 193/; death is s
7. AGE Years Months Da	ys If LESS than 1 day,hrs.	to have occurred on the date stated above, at
34 4 6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, HOUSE SAWYER, BOOKKEEPER, etc	e wife	June 9
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Indistry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		Not due to Juespaal infection Sugar,
- I this occupation (month and	Total time (years) spent in this	
year)	occupation	Other Contributory Causes of importante Jul & Coductity
12. BIRTHPLACE (city or town)		Delue Cedules
(State or country)	Oly .	Due to salpingeties Duration six to sight
13. NAME CUESTIA CHILLEN	wry	weeks
13. NAME USOLO WALLEN  14. BIRTHPLACE (city or town)		Name of operation Date of
(State of country)	£	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CHINA CHINA	rony	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CINCO CONTROL OF THE STATE O		Accident, suicide, or homicide? Date of injury, 19
(State or country)	0	Where did injury occur?
17. INFORMANT ACTIONS OF THE CAMERA CAN ACT OF THE CAN ACT OF THE CAMERA CAN ACT OF THE CAN ACT OF THE CAMERA CAN ACT OF THE CAN ACT OF THE CAMERA CAN ACT OF THE CAN ACT OF THE CAMERA CAN ACT OF THE CAN ACT OF	Ley.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	00 -	Manner of injury
Place Dundlaun Cement Bate y	une 9, 1937	Nature of injury
19. UNDERTAKER WORLD BERTY W	7.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Miller (A)	nurare	If so, specify
J-07 38 4 /11	Staple	10:
20. FILED (1967) ( Mg)	Registrar.	(Address) / Fulfalur
	Acgmar.	(Autross)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Bultimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	RECEIVED	
	Other contributory causes of infportance:	
May 1,1923	Gastroenteritis	1 year
	BURMAU V. S.	
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:  May 1,1923 Gastroenteritis

MARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 6836
1. PLACE OF DEATH	(23)
County July and	Registration Dist. No. 253
Village or City Attention of City	earlier St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsds
2. FULL NAME Chuie Cann	Low If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SENGLE, MARRIED, WIDOWED, OR DIVORCED (dirice the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of WIFE of	22 Warl 2 BY CERTIN, The 1 attended deceased from
6. DATE OF BIRTH (month, day, end year)	I lest saw hac alive on June 26, 1937; death is sel
7. AGE Years Months Oays If LESS than 1 day,hrs.	to heve occurred on the dete stated above, at
8 Trade profession or particular	Were as follows: Oats of onset
kind of work done, as SPINNER, Jousework'	refleur a lond
9 Jedustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	1900 1937.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed last worked et this occupetion (month and year)  poccupetion	fillus sons a (100ar) Mark
12. BIRTHPLACE (city or town) Q. a. Co. Md. (Stete accordingly)	Other Centributary Causes of Importance: Tuberculosis of lengs May
	- 2934
13. NAME VICUALLY SULPHANCE  14. BIRTHPLACE (city or town) Level Sulphance  15. NAME VICUALLY SULPHANCE  16. DELTA SULPHANCE  17. NAME VICUALLY SULPHANCE  18. NAME VICUALLY SULPHANCE  19. NA	Name of operation Dete of
(State or county)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mary Took ley	23. If death wes due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME / Way / Goodley  16. BIRTHPLACE (city or town) / Clerk  (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Blayelle Sugles (Address) Steve Sugles	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL THE Price 29, 1937	Manner of injury
19. UNDERTAKER 19. Inducas (Address) Stevenson	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED June 27, 1937 Tp 6. Thomas	(Signed) Theodor Statelliacem
If more blanks are needed, address State Peristres	Act N. Charles Small Publisher Danisher (7) S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephrilis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County ClM My Megecl 136	Registration Dist. No. 2 4
Village or City / Cor Cleans 1	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of own where death occurred yrs	A A
2. FULL NAME OF THE OWNER OF THE	Veteran apecify WAR
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the word)	21. DATE OF DEATH CLUL 12 193 (Year)
5a. If married, widowed por divorced HUSBAND of	
tor) WIFE OF SCHOOL & Solditee	22. I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Oct 22 4853	Plast saw h All alive on All All 1997; death is said
7. AGE Years / Months Days If LESS than	to have occurred on the date stated above, at 2.4m.
83 // 7 \_ 20   1day,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows.
8. Trade, profession, or particular kind of work done, as SPINNER,	Della di dila di
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL.	ful files
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and spent In this	
year) occupation	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town)	Met Aland
(State or country)	LULIVISO TEAM OUT
13. NAME // Letter Otter	trace
14. BIRTHPLACE (city or town) (State or country)	Name of operation
E 15. MAIDEN NAME DAT KUBU	Whet test confirmed diagnosis? Was there an autopsy? Was the diagnosis? Was the following:
16. BIRTHPLACE (city or town) & Aff 1 Colf	Accident, suicide, or homicide
≥ (State or country)	Where did Injury occur?
17. INFORMANT CLE O CONTROL ON THE	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Church Fill Date Fill 3-, 19 3 7	Neture of injury
19. UNDERTAKER TYMIN HOOD A	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Church Hill Mid,	If so, specify
20. FILED Jame 13, 1937 Man. H. Loved	(Signed) M.D.
Registrar.	(Address) Milliant Little

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	) )		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY PHYSICIAN	V
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(A)	infor-	state
	item of	plnods
	Every	CIANS
	NG INK-THIS IS A PERMANENT RECORD. Every item of infor-	AGE should be stated EXACTLY. PHYSICIANS should state
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Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	6838
county 4 ween and	Registration Dist. No. 252
Village on City Centreville	No
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clivel M. Frauls	If U.S. Veteran specify WAR
(a) Residence: No. femfulla (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  Lewale   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Widow	21. DATE OF DEATH June 26 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Leo. W. Fraulso	22. I HEREBY CERTIFY, That I attended deceased from  You 157, to June 26, 1937
6. DATE OF BIRTH (month, day, and year) 24 day Feb 1866 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, Louve Wyers, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, burn low work,	Date of one of the control of the co
13. NAME Chas & Bradley 14. BIRTHPLACE (city or town) Suellersuelle (State or country), Queen and	Name of operation
15. MAIDEN NAME Sarah Jane Schulley  16. BIRTHPLACE (city or town) Roberts  (State or country) Queen anne Co Md.	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Contrarole Med.  18. BURIAL, GREMATION, OR REMOVAL  Place Murch Date Date 39, 1997	Manner of injury
19. UNDERTAKER WITH A QUE of (Address) Church Hull 20. FILEO June 28, 19.37 Marrie & Bright.	24. Was disease or injury in any way related to occupation of decessed?  If so, specify Let Haury Fisher M. D.  (Address) Suitalian M. D.

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  RECEIVED	71	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

V. S. No. 1

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1. PLACE OF DEATH	(31)
County Jennily actif	Registration Dist. No. 23 T
Village or City ange mul 65.	NoSt.,Ward
Length of residence In city or town where death occurred 54 yrs. Comos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrs
2. FULL NAME 9 lange, Striple	
	If 0. 3. Veteran, specify WAR
(a) Residence: Not Current (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
more and, marriel.	(Month) (Dey) (Vaer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Jullin	22. MOI HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, day, and year) Julio 1882	I last saw h alive on 1938; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
6-4 10 8 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	endocartelis untralis long
9. Industry or business in which	chromes decompey has
work was done, as SILK MILL, SAW MILL, BANK, etc	( pales) 4 mone
this occupation (month end 1936 spent In this year)	1.0
0 1.0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Chouse week heel 2
# 13. NAME Wylliam, Markey	Melutio
14. BIRTHPLACE (city or town)	Name of operation Proplettectory Date policy 1936
(State or country) Many and	Whet test confirmed diagnosis? Was there an eutopsy?
# 15. MAIDEN NAME Harriet, Hareton 1	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME HUNGER (Colors)  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
Q. 1 Q. 18	Whara did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in INDOSTRY, in HOME, OF INFODERC FEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Currellel! My, Date June (0, 1931	Nature of Injury
19. UNDERTAKER Das Presid she Coldina	24. Was diseesa or injury in any wey related to occupation of decaasad?
(Address) been turille ma.	If so, specify
20. FILED June 10: 1937 : Then M. alding	(Signed) CAddrass) Stevens Lille M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			b 15	Example II			
The principal cause of design of importance were as follows:	ath and related	causes	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset		
Arteriosclerosis	E to Paper Carlot District E	2.45	1915.	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	911 9	1007	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	Q D D	A 11 (0)	July 5,1927	Peritonitis	3 days ago		
	BUREAU	VS					
k.		orden and the same					
Other contributory causes	of importance:			Other contributory causes of importance:			
Gallstones			May 1,1923	Gastroenteritis .	1 year		

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

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CAUSE OF DEATH in plain terms, so that it may

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Exact statement

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1	1. PLACE OF DEATH	(131)
	County Lucy allie	Registration Dist. No. Z 5 3
	Village or City allevensule	No. St., Ward death occurred in a hospital or iastitution, give its NAME instead of street and number)
	, .	death occurred in a hopking or formation, give as 17-1112 instead of street and number?
	2. FULL NAME Carrie Tross	If U. S. Veteran, specify WAR
	(a) Residence: No. (Usual place of abode)	St., Ward.  If a onresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OP DAYORCED (write the word)	21. DATE OF DEATHUR 5 193 7.
	5a. If married, widowed, or divorced HUSBAND of Corp. WIFE of William Grand	22. I HEREBY CERTIFY, That I attended deceased from
certificate.	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day,	I last saw h
of certi	8. Trade, profession, or particular kind of work done, as SPINNER, /-/crese Wife SAWYER, BOOKKEEPER, etc	were as follows:  Date of one of the state o
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic with the highest 1931
no su	O To- Date decaased last worked at this occupation (month and year)	Other Contributory Causes of importance: 1937
instructions	12. BIRTHPLACE (city or town) Weller Clare (State or pourty)	
	13. NAME. Willip nickson  14. BIRTHPLACE (city or town) / Ceret Osland	Name of operation Data of
See	(Stata or country)	What tast confirmad diagnosis? Was thera an autopsy?
important.	15. MAIDEN NAME LEAROLINE Mickson  16. BIRTHPLACE (city or town)  (State or county)	23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?
very im	17. INFORMANT William Gross (Address) Stevensvelle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
130	18. BURIAL, CREMATION, OR REMANAL Placa A COTTA CHUMBERY Date June 7, 1937	Manner of injury
TION	19. UNDERTAKER TO Morning 19. UNDERTAKER TO STEVENSVILLE TO MILE	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED June 5, 19 3 7 J. C. Thomas	(Signad) Medical M. D.

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Example I	1	Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
		10 1 2			
Other contributory causes of importance:		Other contributor caused of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
ti and the second secon					

V. S. No. 1

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## STATE OF MARYLAND-CERTIFICATE OF DEATH

6841

1. PLACE OF DEATH		(95-P)		26-1
Village or City	I me	No	Registration Dist. No	Ct Mark
Length of residence in city or town whe		f death occurred in a hospital or institution, sds. How long in U.S. if of for		of street and number)
2. FULL NAME	the 5 Kears	If U. S. Veteran, spec	cify WAR	
	(Usual place of abode)		If nonresident give city	
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CER	TIFICATE OF I	DEATH
Jessela White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	lonth) (Da	193/
ie. If merried, widowed, or divorced HUSBANO of (or) WIFE of	k thear	1		t I attended deceased from
DATE OF BIRTH (month, day, and year)  AGE Years Months		to have occurred on the date stated eb	ove, at . 15 pm.	, 19 3 -/-; deeth is sai
8. Trade, profession, or particular	f day,hrs.	The PRINCIPAL CAUSE OF DEATH of were es follows:	nd related causes of mp	Of Pite of onsat
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Hance Mefa	The fation	1111101	for all
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	11. Total time (years) spent in this 43	Les Pes	on Jan	016
2. BfRTHPLACE (city or town) (State or country)	occupation	Other Contributory Causes of importan	ce: Irimany ca	nee of dilar
13. NAME The 72. O	ritabeth	- toim of heart: a	torio-sclaros	is. QuAR.
(State of country)	me	Neme of operation What test confirmed diagnosis?	, , , , , , , , , , , , , , , , , , ,	Dete of
16. BIRTHPLACE (city or town)	Lack of Delan	23. If deeth was due to external causes	(VIOLENCE) fill In elso	
(State or country)	1 W	Where did injury occur?	Specify city or town, co	ounty and State)
7. INFORMANT (Address) 8. BURIAL, OREMATION, OR REMOVAL	and me	Specify whether Injury occurred In INI	HUWE, OF	II FUDLIC PLACE.
Place Rep P	mente 918 , 19.7	Menner of Injury  Nature of injury		
f9. UNOERTAKER (Address)	andy me	24. Wes disease or injury in eny wey ru	elated to occupation of	deceased?
20. FILEO JUNE [], 1997 9	M. Good. Registrar.	(Signed) (Address)	ach	tel MA

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DECFIVED		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 193		July 5, 1927	Perilonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		]			

V. S. No. 1

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STATE OF MARYLAN  1. PLACE OF DEATH	6842
County duces and	Registration Dist. No. 254
Village or City Grasonsvelle	
Village of Oily	No. St., W. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	mosds. How long in U. S. If of foreign birth?yrsmos
2. FULL NAME Charles Mourae A	If U. S. Veteran, specify WAR
(a) Posidones No. 24 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
(2) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW	
Wale While OR-DIVORCED (write the A	193
a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased f
0	, 19, to, 19
DATE OF BIRTH (month, day, and year)	I lest saw h alive on, 19; death is
AGE Years Months Days If LESS	
15 11 26 1day,	were se follows:
9 Trade profession or portionler	Timelare Case. Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Okull. Fractured who
9. Industry or business in which work was done, as SILK MILL,	0 3.45 the left side
SAW MILL, BANK, etc.	Culo Almaniacio lulire
Spont in this	Jody- Louez
year) occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town). Sallune	, and a second of timps and a
(State or country)	
13. NAME William Monice Har  14. BIRTHPLACE (city or town). Harmoniel	nez
14. BIRTHPLACE (city or town) Grassmariel	Name of operation
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Clara May Lolbe	23. If death was due to external causes (VIQLENCE) fill in also the following:
15 PIPTION ACT (18 11) Bultumine	Accident, suicide, or homicide? Occasions Date of injury 6-//-19-
16. BIRTHPLACE (city or town)	Where did Injury occur?
IN illi ne Near	(Specify city or town, county and State)
(Address) Season selle 72	Specify whether in July docurred in INDUSTILY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CARMATION, OR REMOVAL	James huel her former
Place entreville Mana 6-13-	Manner of Injury Much Day James
7 / 1	Nature of Injury
9. UNDERTAKER LANGON CHARLES (Address) Custievelle, MA.	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify Allest Thomas John Cotol
0. FILED 6 - 13:, 1937 Felin Maded	(Signed) David Muce
For Regist	rar. (Address) W. William of Ministerias.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	17	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 3007	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Perilonilis	3 days ago	
	or or			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONA	L SPACE FOR FURT	HER STAT	TEMENTS BY	PHYSICIA	AN,
Coroners Junes 1	ervici-	in	inne	un	Comobile
whilett votas	struck	24	nair	c- 1	Musary
whis death.					

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. N. B.—WRITE PLANKLY, WITH UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	b.	9:0
county Elbon Ne	ul Co.	Registration Dist. No. 252
Village or City West 20	a sede	, No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurred yrs mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMED TIME	III. Alle	nus
(a) Residence: No Della	esecura	St., Ward.
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Dreng Polarel	P DIVORCED (write the word)	Selle / 193
5a. If married, widowed or divorced	1 cources	(Month) (Day) (Ygʻar)
5a. If married, widowed or divorced WUSBAND of (or) WIFE of	nero-Ruttell	1 HEREBY CERTIFY. That I attended deceased from
- many	number	falle 195 , to freed 21, 196
6. DATE OF BIRTH (month, day, and year)		I last saw h alive on, 196, death is said
7. AGE Years Month's	Days If LESS than 1 day,hrs.	to have occurred on the date speed above, atm.
13 4	// ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0110	1/1/01/20/20/20/2
SAWYER, BOOKKEEPER, etc	6	Valle Coverous Jenos
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month and	vue_	
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	0 D	other contributery causes of importance.
(State or country)	stalle 8	Mula Nost Nosees
13. NAME  14. BIRTHPLACE (city or town)	MOU!	
14. BIRTHPLACE (city or town)	0 V	Name of operation Date of Date of
(State of country)	( acul	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	- Fullo	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	A 1/	Accident, suicide, or homieide?
(State or country)	o rusu	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT VELLURIL	XIII Phone	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	· corrues	
18. BURIAL, CREMATION, OR REMOVAL Place Control Contro	June 24, 137	Manner of Injury
01/0 110-0	4-1,150.0	Nature of injury
19. UNOERTAKER	Walls	24. Was disease or injury in any way related to occupation of deceased
(Address)	any one	If so specify Deelly
20. FILED June 22/1937 ///an	me D. Gright.	Olice Of THIOLE A
	Local Registrar.	(Address) (Address) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1,921	Run over by street car	1 week ago	
Cerebral hemorrhage 1937	July 5,1927	Peritonitis ·	3 days ago	
WIREAU V. S	5.	A Comment of the Comm		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No.\_s (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. U.S. Yeteran specify WAR..... (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 5a. If married, widowed pr divorced HUSBAND of (or) WtFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs to have occurred on the data 1 day, ......hrs. The BRINCIPAL CAUSE OF DEATH and related causes of importance \_\_\_ min. Data of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc., 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... 10. Data deceased last worked at 11. Total time (years) this occupation (month and spant in this year) \_\_\_\_\_ occupation \_\_\_\_\_ 12. BIRTHPLACE (city.or FATHER plain MOTHER important. Accident, suicida, or homicide OF DEATH 16. BIRTHPLACE (city or Where did injury occur? pe (Specify city or town, county and State) Specific whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT plnods very (Address) 18. BURIAL, CREMATION? OR REMOVAL CAUSE Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, speoff Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis RECEIVED	65	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago.
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-should state of OCCUPA. MARGIN RESERVED FOR BINDING

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	ITE PLATIT, WITH UNFADING INK-THIS IS A PERMANENT CLARD. Every is	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement o	
	IS A PE	stated E	properly	I is very important. See instructions on back of certificate.
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Village or City.  Village or C	1. PLACE OF DEATH	-CERTIFICATE OF DEATH 6845
Village or City Langth of residance in city or town where death occurred yrs most ds. How long in U.S. if of feeting bitth? yrs most ds. How long in U.S. if of feeting bitth? yrs most ds. How long in U.S. if of feeting bitth? yrs most ds. How long in U.S. if of feeting bitth? yrs most ds. How long in U.S. if of feeting bitth? yrs most ds. How long in U.S. if of feeting bitth? yrs most ds. How long in U.S. if of feeting bitth? yrs most ds. How long in U.S. if of feeting bitth? yrs most ds. How long in U.S. if of feeting bitth? yrs most ds. How long in U.S. if of feeting bitth? yrs most yrs most yrs y		Pagistration Diet No. 253
Langth of residence in city or town where death occurred.  4. How long in U.S. if of foreign birth?  4. EVALUATION OF RESIDENCE OF THE STREET		
2. FULL NAME  (a) Residence: No.  (busines of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  OR BYORCED (cyt) the word)  HISTORY (or) WHE of  Days  If LES than I day, this. or min.  8. Trade, profassion, or particular kind of work done as SPINNER, SAW MILL, BARK, etc.  9. Indigator to business in which.  SAW MILL, BARK, etc.  10. Date of BIRTH (month day and year)  10. Date of country)  8. Trades profassion, or particular kind of work done as SPINNER, SAW MILL, BARK, etc.  9. Indigator to business in which.  SAW MILL, BARK, etc.  10. Date of country)  11. BIRTHPLACE (city or town).  (State or country)  12. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicider.  Name of oparation.  Oate of injury.  Name of oparation.  Oate of injury.  Name of oparation.  Oate of injury.  Name of injury occurr.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  What last confirmed diagnosis?  Name of injury.  Nature of injury.  Name of injury.  Nature of injury.	(1	
(a) Residence: No.    (busing blace of abode)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX	Langth of residance in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds
Clusal place of abode   Hannesident give city or town and State	2. FULL NAME	Reroomus. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS  SEX		
4. COLOR OR RACE ON DWORCED (wyve the word)  If married, widowed, or divorced Wish will are a server of (e) will end of end of end		
Burried, widowed, or divorced HUSBANDO of (CP) WIFE of  193 (Yes)  193 (Yes)  194 (Yes)  22. I HEREBY CERTIFY, That I attended decessed from (P) WIFE of  195 (Yes)  22. I HEREBY CERTIFY, That I attended decessed from (P) WIFE of  19. to (19. to (19. to) (19. to (19. to) (1	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWEO,	
J. Barriad, widowed, or divorced (or) WiFe of (or) WiFe o	OR DAVORCED (write the word)	June 22 193 7
DATE OF BIRTH (month, day, and year)  DATE OF BIRTH (month, day, and year)  AGE  Years  Months  Days  If LESE than I day,	5a U marriad, widowed, or divorced	- (Month) (Oay) (Year)
DATE OF BIRTH (month, day, and year)  AGE  Years  Months  Days  If LESS than I day, Ins. of the Acceptance were as follows:  8. Trade, profassion, or particular kind of work done, as SPINNER, SAWTER, BOOKREFER, etc.  9. Industry or business in which work was done, as SIR MILL, SAW MILL, BANK, etc.  10. Dete decessed last worked at this secupation month and spant in this occupation (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  (Address)  8. BURIAL, CREKATION, OR REMOVAL  Place  (Address)  19. Industry Law August 1 last saw h aliva on 19. death is sak to have occurred on the date stated above, at	HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
AGE Years Months Days If LESS than I day	(103)	
I day,	or DATE Of DIKTH (Month, day, and year)	
8. Trade, profassion, or particular kind of work done, as SPINNER.  SAWYER, BOOKEPER, etc.  9. Industry or business in which SAW MILL, BARK, etc.  10. Stee Geocaed last worked at this occupation (month and year)  11. Total time (years) spant in this occupation (month and year)  2. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town).  (State or country)  7. INFORMANT.  (Address)  8. BURIAL, CREMAJION, OR REMOVAL.  Place  (Address)  19. UNOERTAKER  (Address)		
kind of work done, as SPINNER, SAWER, BORKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, SAW MILL, BANK, etc.  10. the deceased last worked at this occupation (month and year)  (State or country)  13. NAME  14. BIRTHPLACE (city or town). (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town). (State or country)  16. BIRTHPLACE (city or town). (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMAIN, OR REMOVAL. Place  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. The deceased last worked at this occupation  11. Total time (years) spant in this occupation  Other Ceutributery Causes of Importence:  11. Total time (years) spant in this occupation  Other Ceutributery Causes of Importence:  11. Total time (years) spant in this occupation  Other Ceutributery Causes of Importence:  12. BIRTHPLACE (city or town).  What tast confirmed diagnosis? Was there en eutopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?  Date of injury  Where did injury occur?  Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in MOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury  Nature of Injury  Nature of Injury  19. UNDERTAKER (Address)  10. Was diseased of injury in eny way metaled to eccupation of declared?  10. Specify whether injury occurred in INDUSTRY, in MOME, or in PUBLIC PLACE.  14. Was diseased of injury in eny way metaled to eccupation of declared?  15. Manner of Injury  16. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in MOME, or in PUBLIC PLACE.  18. UNITED ACCURRATION OF The County of the Co	9 Trade profession or partleular	ware se follows:
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(State or country)  13. NAME	year) occupation	Other Contributory Canoca of Importence:
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15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL, CREMATION, OR REMOVAL Place  Oate June 23, 193.7  9. UNOERTAKER (Address)  Was there en europsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homlcide?  Opecify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of Injury  9. UNOERTAKER (Address)  15 so, specify  16 so, specify  17 so, specify  18 so, specify  18 so, specify  18 so, specify  19 so, specify  19 so, specify  19 so, specify  19 so, specify  10 so, specify  11 so, specify  12 so, specify  15 so, specify  16 so, specify  17 so, specify  18 so, specify	14. BIRTHPLACE (city or town)	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  8. BURIAL, CREMATION, OR REMOVAL.  Placa  Pla		
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  8. BURIAL, CREMATION, OR REMOVAL.  Placa  Pla	E AX	
(Specify city or town, county and State)  7. INFORMANT (Address)  8. BURIAL, CREMATION, OR REMOVAL Placa  9. UNDERTAKER (Address)  9. UNDERTAKER (Address)  10. Undertaker (Address)  11. Undertaker (Address)  12. Undertaker (Address)  13. (Signad)  14. (Signad)	16. BIRTHPLACE (city or town)	
8. BURIAL, CREMATION, OR REMOVAL.  9. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)	Nu . c 116 c	(Specify city or town, county and State)
8. BURIAL, CREMITION, OR REMOVAL  Place  Place  Manner of Injury  Nature of Injury  Nature of Injury  Nature of Injury  19. UNDERTAKER  (Address)  Manner of Injury  Nature of Injury  Nature of Injury  Nature of Injury  (Address)  (Signad)  (Signad)	17. INFORMANT	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
9. UNDERTAKER HArrison Griffin 24. Was disease o injury heny was rested to accupation of decise of (Address)  If so, specify  (Signad)	18. BURIAL, CREMATION, OR REMOVAL.	Manner of Injury
9. UNDERTAKER HArrison Griffin 24. Was disease o inflight eny way mated to accupation of declared.  If so, specify (Signed) (Signed)	Placa Silvensville Oate June 23, 193/	
(Address) Lieugtour and If so, specify Climent Oliver or all M.	HARRI AND YNIDE	0165
(Signal) Deven obillo M.		PULATION
IL PILED TO THE TOTAL CO. 19.0 1 / 19.0	25" 377 P. Ila men s)	No. o. V. C.
total Registrar. (Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

WRITE

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1. PLACE OF DEATH	(100)
County Julen anne	Registration Dist. No. 25'5
Village or City Complete	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME George J. Price	If U.S. Veteran specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Var)
5a. If married, wildowed, or divorced HUSBAND ot (or) WIFE of Mary Price	22. I HEREBY CERTIFY. That I attended decaased from  1935 to 13 1987
6. DATE OF BIRTH (month, day, and lear) West 7 1861	I las saw have alive on La 19.3 Z: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.3572m.
75 10 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work dona, as SPINNER, Patried Agames SAWYER, BOOKKEEPER, etc.	Heyonlege from Small
9. Industry or business in which work was done, as SILK MILL,	Came of lungonless
SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and 1 4 9 9 9 11. Total time (years) spent in this / (see	Course of intestind howardage : Unknown.
yaar) occupation 72	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) CCCLLSON (State or country)	Grand arlined ochrons
W 13. NAME Genac J. Price	of anything in his intertinal tract, would the hymorrhage
13. NAME George J. J. M. C. 14. BIRTHPLACE (city or town) Clailton	Nama of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Jale	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Gale  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Howard Juck Pa (Address) 723 Reading Leminal Pa	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Reversely Cyn. Date June 1, 19.37	Natura of Injury
19. UNDERTAKER Trans. H. Lodo (Address) Charach, Hol Park	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jones 14, 1937 F. M. Stack	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		(Br. 3 in 10)	

M)	PLANKY, WITH UNFADING INK-THIS IS A PERMANENT ECORD. Every item of infor-	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
0	ECORD. Eve	Y. PHYSICIAL	Exact stateme	
MARGIN RESERVED FOR BINDING	N PERMANENT	EXACTL	erly classified.	2 4
VED FOI	THIS IS A	ld be state	ly be prop	3.7
IN RESER	DING INK-	. AGE shou	so that it ma	- A
MARGI	WITH UNFA	fully supplied	n plain terms,	
	PLAMEY,	ould be care	F DEATH I	

	F MARYLAND—	CERTIFICATE OF DEATH	3847
1. PLACE OF DEATH  County  County	anere	(160 €)  Registration Dist. No.	50
Village or City har Cru	ip her	No. St.	Word
	·	death occurred in a hospital or institution, give its NAME instead of street and nu	
Length of residence in city or town where de	ath occurred yrs mos	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME	/ rugaro	If U.S. Veteran specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and St	tate
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Mule 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 28	193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22 And 29 CERTIFY. That I attended de	eceased from
6. DATE OF BIRTH (month, day, end yeer)	- 17/937	I last saw h mo alive on mus [2] 1937;	death is sale
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated ebove, at	
	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	Date of enset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Olule	Jan	
9. Indestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		from Command from	
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spant in this corupation		
12. BIRTHPLACE (city or town) Luce (State or country)	un Co Dep	Dther Contributory Causes of importance:	
	Rencold	- Julian Caral	
13. NAME (Sward)  14. BIRTHPLACE (city or town)	re James Co Jug.	Neme of operation	
(State of Country)		Whet test confirmed diagnosis? Wes there an au-	topsy?
15. MAIDEN NAME While  16. BIRTHPLACE (city or town)	Haus	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16, BIRTHPLACE (city or town) (State or country)	ue ame la pro	Accident, suicide, or homicide? Oate of injury	, 19
17. INFORMANT & dward (Address)	Lengald	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Chap Place	Date Jun 28, 1937	Manner of injury	
19. UNDERTAKER Codward	Vehicald	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Multin	ghip AR A	If so, specify	
20. FILED June 119 37 7	7 M Stuce Registrar.	(Signed) (Address) Cytulfolicu	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1/

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		*		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		1 100		

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY PHYSICIAN
	S. D. S.
	P
	. 4

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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- 0	10	4	8
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1. PLACE OF DEATH	GOD 2511
County Meery Unive	Registration Dist. No. 25 7
Village or City no Centreville	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
Length of residence in tity of town where death occurred the street of the street occurred to the street occurred	4
2. FULL NAME ON MES Travers	Well If U. S. Veleran, specify WAR
(a) Residence: No. Quelturelle K.T. Q. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white Process (write the word)	6 - / 4 193 /
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND OF Translation Startage	22. HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jaw 12 - 1884	I last saw h alive on
7. AGE Years Month Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
53 5 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, es SPINNER.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which	10 14 (Nottenant
work was done, as SILK MILL, Breening & Gas.	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 1937 spent in this year)	
12. BIRTHPLACE (city or town) The Ceretterrese	Other Contributory Causes of importance:
(State or country), Leeen Cerre Co, MA	at TU as last
13. NAME Thas. It Shartall	
14. BIRTHPLACE (city or town).	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Reselve Dougherty  16. BIRTHPLACE (city or town) Factor Col	23. If death was due to external causes (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Jackett Co	Accident, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Har. F. Startage.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Call terrell to Bate tille 1, 193	- Nature of injury
Buton /21 Al	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Office Researce M.J.	If so, specify
6-17- 37: 7/00 mi (10) 1	(Signed) The three M. D.
20. FILED Registrar.	(Address) lulus tu mus

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II		
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Chronic interstitial nephritis . 9 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
I WEAU V. D. II				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			ALC: U	

V. S. No.

STATE	OF	MARYL	AND-CERTIFIC	ATE	OF	DEATH
SIZIL		1411 41 4 1 7	THE CENTER TO			

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U	0	X	J

1. PLACE OF DEATH		(186-a)
County Lucan Cl	w.	Registration Dist. No. 200
Village or and an Suca	Cleisville	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea		
2. FULL NAME Henry	1 Altouras	L- If U.S. Veteran specify WAR Civil War.
(a) Residence: No.	(Usual place of abode)	Ustrare Work.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Olinabel	the Stewart	22. I HEREBY CERTIFY. Total 1 attended deceased from  10.7 to 19.7
6. DATE OF BIRTH (month, dayland year) 700	2.101843	I last saw h alive on fine from 19. D. T. death is sald
7. AGE Years Months	Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 1.0. 4.m.
94 2.	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	lamer	Daulie Fall - Links
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL. SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (most) and	- K	Cloud Co.
SAW MILL, BANK, etc.	11. Total time (years)	Fracture due to an accidental fall, on the floor
this occupation (month and year)	spent in this 604	at his base, eight days before his deaths explise.
12. BIRTHPLACE (city or town)	hila	Other Contributory Causes of Importance 5th July
(State or country)	a,	resiety Houng & please
13. NAME Samuel 14. BIRTHPLACE (city or town)	lewart-	J brauma to forma
14. BIRTHPLACE (city or town)(State or country)	Par	Name of operation
	h	Whet test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
T	1	Accident suicide or homicide? Date of injury
16. BIRTHPLACE (city or town)	it fenow	Where did injury occur?
17. INFORMANT Mass Kate (Address) Saidles and	e Stewart	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  ***********************************
18. BURIAL, CREMATION, OR REMOVAL	1 1 2 11 2 2	Manner of injury Cocidental falls
Place	_Dete 1111 4,19-0-1	Nature of injury.
19. UNDERTAKER ADM - P	Vill mo	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 2 19 3 Z	to m starte	(Signed) A Suscelle My D.
<u> </u>	Registrar.	(Address) Aug Welf My
If more b	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 wcek ago
July 5,1927	Peritonitis	3 days ago
Transit I		
-011	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance: